

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10/ 568682*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
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5						
6	2					
7	7					
8						
9						
10						
11						
12	1					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
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TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	18	←		←	←	
TOTAL CLAIMS	19	████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		████████		████████		████████